

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 FEB -7 AM 10: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P04000144936 1. Entity Name TULA TRE, INC.					
Principal Place of Business COLONNADE/OMNI HOTEL 180 ARAGON AVENUE CORAL GABLES, FL 33134			Mailing Address COLONNADE/OMNI HOTEL 180 ARAGON AVENUE CORAL GABLES, FL 33134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <div style="font-size: 24pt; font-weight: bold; text-align: center;">113730776</div>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TERMINELLO, LOUIS J ESQ TERMINELLO & TERMINELLO PA 2700 SW 37TH AVE MIAMI, FL 33133			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AQUILINO, ANGIOLINO 180 ARAGON AVENUE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,T,D-- Aquilino, Angiolino Colonnade Hotel; 180 Aragon Avenue Coral Gables, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAGANI, ROBERTO 180 ARAGON AVENUE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V,D Pagani, Roberto Colonnade Hotel, 180 Aragon Avenue Coral Gables, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TERMINELLO, LOUIS J 180 ARAGON AVENUE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T,D Terminello, Louis J. Colonnade Hotel, 180 Aragon Avenue Coral Gables, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AMADI, VITTORIO 180 ARAGON AVENUE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 24pt; font-weight: bold; text-align: center;">300046817373</div> 02/17/05--01058--023 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			Date: <u>1/31/05</u> Daytime Phone #: <u>305.444.5002</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					